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Dr. M. E. DeBakey

with Don Schanche

Houston, Texas

8/9-10/72

Side A

SCHANCHE: I just want you to think about that.

DR. DeBAKEY: Alright.

SCHANCHE: What I'd like to do--what we really started out to do the other night and didn't do it--is go back to our bare-bones narrative, that is our sketching out of the whole thing I hope in two phases. You brought me up to your initial contacts with Ben Taub and the resistance you had from the Houston medical continuum, including the story about the doctor who called you and told you another doctor was coming after you with a gun.

DR. DeBAKEY: Yeah.

SCHANCHE: I'd like you to carry on with that and describe your part in building both the Baylor College of Medicine and the Texas Medical Center.

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DR. DeBAKEY: Yeah, well...

SCHANKE: You were pretty well-grounded on it, now was your end--what you had to do to get through it?

DR. DeBAKEY: Well, to go back to my time of arrival here, you have to in a sense, picture the setting, environment--the sort of medical setting of Houston. We're talking now about 1948-'49, because when I arrived here actually arrived in '48, but you'll recall that at that point in time I was still working for the Hoover Commission and I really didn't complete that report until early December of '48, so that while I moved here in September of '48, I moved my family, I was away most of the time and working in Washington. So that it was not until after December--end of December--after Christmas of '48 that I really began to be permanently installed.

Well, now, the medical setting in Houston was really fairly typical of many fairly large towns that had no medical school. The hospitals were pretty much community hospitals, except for the city-county hospital which was

DR. DeBAKEY: a charity hospital. Now, the hospitals were run by a staff which was organized in the usual fashion--divided into surgery, medicine, obstetrics and gynecology and so on. Well, almost all the doctors were practicing private medicine in all the hospitals except the city-county hospital which was then the Jefferson Davis Hospital. And a large portion of the doctors were general practitioners really who did a certain amount of surgery. And as a matter of fact, did a certain amount of obstetrics and a certain amount of medicine. And what surgery they got they'd get out of their practice unless the patient had some more serious problem, like cancer of the lung or cancer of the colon--maybe an ulcer of the stomach. And then they would tend to call one of the more well-trained experienced surgeons. Usually they would help him on the case. So that, it was in a sense dominated by the general practitioner. And many of the doctors at the city-county hospital on the staffs there were truly general practitioners. In fact, most of the men who were on the

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DR. DeBAKEY: surgical staff there were general practitioners and tended to work there in order, in a sense, to practice surgery. To learn surgery. Well, when I first arrived here, the medical school had no affiliated hospital.

SCHANKE: You went through all of that.

DR. DeBAKEY: Yeah. Well, I'm really trying to set the setting for you again. Now, that meant I had in a sense to organize a teaching program for the students without having a service. I had no clinical service. I had been promised a clinical service at the Hermann Hospital, but that didn't come through. And I think I told you...

And I really was getting pretty discouraged about the situation and it was only after two events took place, which in a sense were based upon my own initiative. There wasn't too many to help--worrying about it locally. Except in a sense the help came through Mr. Ben Taub when I... But I took the initiative to go see him and present the problem and the solution so to speak and the other was the V.A. Hospital. Now, once that occurred then I had a

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DR. DeBAKEY: kind of base of operations--a clinical service. So I could organize and develop a teaching service and develop a residency program. And then to seek some full-time staff people who were well-trained. And I brought one from New Orleans, Dr. Oscar Creech who later became professor of surgery at Tulane.

SCHANKE: How do you spell his name?

DR. DeBAKEY: C-R-E-E-C-H. Oscar Creech. who was the chief resident at Tulane. When he finished his residency the year I left, he was the senior chief resident. And then when he completed it, I invited him to come here. Well, then I began to develop a nucleus of staff. And then we developed a research laboratory and we got some funds from the Army. At that time the Army was able to grant funds and I had a close connection with the Army at that time and then from the N. I. H.

SCHANKE: What was the first research project?

DR. DeBAKEY: The first research project we got was in peripheral vascular disease. And then we used..we expanded that

DR. DeBAKEY: to include vascular surgery and then the development of grafts. That's how I developed the laboratory to actually make grafts in our own laboratory.

Well, all of these events began then to mesh. We had a clinical service. We had patients to work on. To be sure, many of them at that time were charity patients or V.A. patients. But they gave us an opportunity to, in a sense, begin some clinical investigation. And then I began to have some referred surgery on my own from doctors who knew me in New Orleans and who were referring a case to me and occasionally a case locally. But most of the doctors locally avoided referring patients to me because this is a form of economic sanctions. You know--that's the way they do it. And it was only because of the fact that I began to do some pioneering work in surgery that nobody else was doing and I began to get referrals from out of the state and out of the city. So I could bypass them. And even today, ninety-eight per cent of my patients are from out of Houston. I've had the experience of having

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DR. DeBAKEY: patients referred by doctors locally for conditions that I'm predominantly known for to refer them even to the Mayo Clinic and then have the Mayo Clinic doctor tell them, "Why did you come here. The best man in this field is Dr. DeBakey right in Houston." Puts the doctor in an embarrassing situation.

Well, as we began to move forward in all of these phases, the clinical service, the research, the teaching of students, the training of residents--you see, I began to organize a real academic service. And that's how it began. Now I don't know what, in a sense, you have in mind to go over...

SCHANKE: Well, we have two things here that are both--have become quite large and famous. One is the medical school and the other is the medical center.

DR. DeBAKEY: Yeah.

SCHANKE: The medical school--I know you went through a long period and I presume a difficult period in getting your points made there. Now you told me about your initial sort of show-down

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SCHANKE: with the Trustees and then you quit and said that you would not. . That was not too long after you got here.

DR. DeBAKEY: Yeah. Well, see that occurred within. . I'll tell you when that occurred. That occurred, let's see, I would say about February or March--is when that occurred. And I was asked to hold off. He wanted to find out more about it. He was shocked. So he just couldn't believe all of this because no one had told him anything like this before. He thought everything was going fine. There were other things too. I don't know whether I went through with you. One was the Medical Center--you've got to understand this organization--the way it was organized originally. There was a Medical Center Board organized. This Medical Center Board of Trustees or Medical Center Incorporated was organized as a non-profit corporation. They owned all the land out here. You see all the land out here.

SCHANKE: This concept existed before you got here?

DR. DeBAKEY: Yeah. Yeah. I gave you some papers about that. Didn't I? Some things that I wrote?

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SCHANCHE: Not detailing this account. And I didn't find them in your bibliography notes. At least not in the papers I duplicated.

DR. DeBAKEY: Well, I can get you copies of that.
...to then chairman of the Board of Trustees.

SCHANCHE: In 1951.

DR. DeBAKEY: Yeah. I'll have to get you a copy of that. There it is.
Tell you what, I'll just give you this thing to read. Would you like that or...because I can get a copy for you but I can't get a copy for you unless I take it out of here.
But I can do that tomorrow.

SCHANCHE: Okay.

DR. DeBAKEY: Let me...I'll tell you what I'll do. I'll give you this.
You see, the Medical Center Board, as I say, owned this land. And their concept of the development of the Medical Center was largely influenced by one of the doctors by the name of Bertner who..

SCHANCHE: Burger?

DR. DeBAKEY: Bertner. B-E-R-T-N-E-R. Who was a member of the

DR. DeBAKEY: Board and who was a great stimulus to the organization of the Medical Center. He was one of the driving forces. He was a gynecologist here in town. And he had been.. he had trained at the Mayo Clinic and he was tremendously impressed with that concept. And his idea was to organize a medical center with the University of Texas as a part of the center. It would be in the medical school. To give sort of prestige to it by having a medical school in the Center. And to have a clinic. Now the clinic concept was.. There were two things behind his idea. One was that the clinic could generate money like the Mayo Clinic. They made a lot of money and they have a foundation, you know. And the other was to get the University of Texas in here so that you get state money to support the thing. Well, after they organized the Medical Center Board and they got this land through M.D. Anderson Foundation. M.D. Anderson was a cotton broker who was a bachelor--had a lot of money. And then to the surprise of everybody-- because he was as stingy as he could be apparently during

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DR. DeBAKEY: his lifetime, left his whole fortune for medical, charitable purposes. And he left it in trust, so they organized this Medical Center to use this money. Bought the land. And then they had the concept that they would give the land to various types of institutions coming in the Center. That's how Methodist Hospital came into the Center. The old Methodist Hospital was an old broken down building about two miles from here. The way Baylor got into and incidentally you'll have to--there's a book by Dr. Moursund on the history of that, I'll get for you.

SCHANKE: I'd like it, because I sure won't be able to find it in New York.

DR. DeBAKEY: No. I'll get it--I have a copy of it.
The way Baylor came in was that on this Medical Center Board was one of the Trustees of Baylor University. And he was knowledgeable about the troubles Baylor University Medical School had in Dallas. They were having difficulties largely financial and it was a pretty third rate school because

DR. DeBAKEY: it was organized on the old concept that the clinical part of the medical school was run by the local doctors. The school wasn't able to pay them very much, so they had to practice and make money for themselves. But this a very poor way to run a medical school. You had no nucleus of full-time people primarily concerned with the academic activities in the school. So, when they found that they were unable to move the University of Texas from Galveston because it would require a change in the Constitution of the state.

SCHANKE: That was put into the Constitution?

DR. DeBAKEY: Yes, that's right. And besides they had invested so much money in Galveston, they just couldn't pack up and leave it. In the meantime, they had already encouraged the University of Texas Board of Regents to put a cancer hospital here. And they organized a post-graduate school of medicine. Again you can see the handwriting on the Mayo Clinic. It has always had a post-graduate school. So that the idea... Well, I'm getting a little ahead of my story.

DR. DeBAKEY: When the University of Texas was unable to put a medical school here because Galveston couldn't move, that's when Earl Hankamer who was on the Board of Trustees of the Medical Center and also of Baylor University said, "Well, we have a medical school that might move here." You see. And this was not a very palatable thing to a lot of the doctors here, because they were primarily University of Texas people. And secondly the Harris County Medical Society didn't like the idea--never did like the idea of having a medical school here. And they had a big session about it. I don't know whether you can get the minutes, but this all took place before I got here.

SCHANKE: I'm sure I can't.

DR. DeBAKEY: Well, it would make good reading. Because some of the doctors told me about it later--who attended the meeting. And they wanted to vote it down. Vote against having a medical school come in here.

SCHANKE: Why?

DR. DeBAKEY: Oh, it would create trouble. They would have the town-gown troubles that every city has that has a medical school.

DR. DeBAKEY: And they didn't want that here. You know, they had things the way they liked it. Didn't want anybody upsetting the apple cart and creating all kinds of problems. After I got here, I found out about it and they were right. It did create...you know. Well, they finally got it through the Medical Center Board and Mr. Cullen gave them a million dollars. The Chamber of Commerce gave them a million dollars. And they moved down here during the war in the old Sears-Roebuck warehouse. That's where they set up shop until they built this Cullen Building. Then they moved into that--the old part of the Baylor College of Medicine. So, the Medical Center Board still had the concept of a post-graduate school. When Baylor came in, Baylor was going to be the undergraduate school. And one of the first things I gathered when I got here was this concept.

SCHANKE: All of this whole medical center concept predated the war by a year or so. Didn't it?

DR. DeBAKEY: Yes, that's right. And that's one reason that I made the statement that I made in here which you'll read. And

DR. DeBAKEY:

pointed these things out. The M.D. Anderson cancer hospital moved right in. When I got here, the building was going up. They hadn't finished building, but it was going up. And the only building that was completed was the old Cullen Building and then the Methodist Hospital. So we had that concept also to in a sense combat because the..it was their concept that residency training would be under their supervision. And, of course, I made it very clear outset that that was out. Any resident of mine was going to be under my supervision. In other words, if there was a residency program it was going to be my program. So you see, I had in a sense to combat a number of factors which were restrictive to anything that I could do in developing a good academic service. The attitude of the local profession which was being threatened by a residency system which required accreditation which meant that the staff had to be accredited. And they didn't want to be put into that position because they couldn't be accredited.

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DR. DeBAKEY: They weren't trained. They weren't certified. They had not received certification by the American Board of Surgery. And the attitude of the University of Texas M.D. Anderson Cancer Hospital and post-graduate school-- the post-graduate, all the post-graduate training was their program--belonged to them. You see? And here I was, you know, in a sense David with a sling.

SCHANKE: Didn't you have any allies? There were other department chairmen and professors in the school, weren't there? They paid the same prices you did.

DR. DeBAKEY: Yes, but you see surgery is a much more precise kind of activity. The internist and the pediatrician and so on have a little different situation. For one thing, the pediatrician doesn't have to fight the local doctors because the pediatricians have in a sense a kind of fence around them. The doctors in town who were practicing pediatrics will support pediatrics. They don't give a damn about the rest of the disciplines. So you know, they have a world of their own--it's a children's world. The internists sort of get

DR. DeBAKEY: along better too, because the patient on an inte...among the internists can be seen and handled and so on by any number of doctors. And they take a much more philosophical attitude about it. But the surgeon--there's only one surgeon that can operate on a patient.

SCHANKE: Well, the surgeon has to, by his very nature, be more jealous of his patients.

DR. DeBAKEY: Exactly. Exactly. So that the problems we faced or I faced really were in a sense --they were.. The objections that..to my activities came from a number of different sources. And, in a sense, everybody that was against me had allies, but I had none. I had to fight my own battles in a sense. And even the school couldn't fight any battles for me because they had no leverage. They had no power. You see? They had no money. They had no influence. They had no control of any service.

SCHANKE: They were here at the sufferings of the Medical Society.

DR. DeBAKEY: Exactly. Exactly.

SCHANKE: But you did have the support of the President of the school?

DR. DeBAKEY: The dean of the school at that time. Well, yes, but he was an old man. But a wonderful, fine old decent human being. But, none the less, he was trying to hold the school together.

SCHANKE: He had no political plow?

DR. DeBAKEY: No, he had no political plow. He was well-respected and a kindly man, but he was really trying to hold the school together. He had students to consider and so on. So he wasn't out trying to fight a battle for me.

SCHANKE: And at this time Baylor was still tied to the Baptist Church?

DR. DeBAKEY: The Baptist Church. So, it also suffered from that. In a sense, there was an anti-Baylor attitude on the part of many of the people in town and especially the Catholics because at that time the Baptists--every time they'd have a convention, you know, they'd arouse the ire of the Catholics and some of the other religions. Because we had some of the old-time Baptists...

SCHANCHE: Particularly Southern Baptists.

DR. DeBAKEY: Oh, yes. You know, they were the hard shell. And I remember one time, for example, when they had their meeting here in Houston. We used to.. I remember we used to really tremble in our boots when we found out that they were going to have their convention here in Houston, because we could see all the things that were going to be done and we'd suffer. And there would even be editorials in the paper. There was an editor of the Chronicle who was a Catholic, a very strong Catholic. And boy he'd give them hell. He'd write it in the editorials. Really, then some times point jabs at them that were funny. They were funny. They acted funny.

SCHANCHE: They used to say that in Atlanta the Baptists would come in for their convention each one with his Bible and a ten dollar bill, and they wouldn't break either one of them.

DR. DeBAKEY: That's right. Well, the staff..the quality of the faculty at that time was also something to be desired. You've

DR. DeBAKEY: got to keep in mind, they had moved down here during the war and..

SCHANKE: They had undoubtedly lost staff to the war and probably lost staff in the move too.

DR. DeBAKEY: Yes. Well, you see when they moved during the war what had happened was that what they moved were primarily the basic science people. Because the clinicians didn't come with them. You've got to keep in mind that the clinical services were based in Dallas. These were practicing doctors. They weren't going to move. So none of those came. And of the basic science people that came down, it was the second and third level of basic science--not the professors. Because immediately after that, they..the nucleus that was left up there organized their own medical school. They were pretty upset about it. And they organized their own private medical school.

SCHANKE: What was it called?

DR. DeBAKEY: It was called the Southwest Medical School.

SCHANKE: Did it prosper?

DR. DeBAKEY: Well, no. It couldn't prosper and it didn't. I mean they suffered the same...

SCHANKE: Problems Baylor had.

DR. DeBAKEY: Yes, exactly. So, but they finally politically exerted pressure to have the state take them over. And it became a state school. It's still called Southwestern Medical School of the University of Texas. But now a..completely under the domination of the University of Texas. So that our faculty was pretty second and third rate. They had gotten a good man to come down to head up pediatrics before I got here. They had a sort of a mediocre man come down to head up medicine. And so there was a weak department of medicine. The other..most of the other specialties were practicing doctors. And before I arrived, the man who headed the department of surgery was a practicing doctor here in town. And the teaching, as you might understand, was pretty mediocre. Most of the teaching was done in lecture form and the students would sit in a..the lecture hall for five hours and one doctor

DR. DeBAKEY: would come in after another giving a lecture. Most of which came out of a textbook. It was pretty third-rate. Well, I of course changed all that as far as the teaching was concerned. Began to hold conferences and demonstrations and then when we got the service at the V.A. and the Jeff Davis..

SCHANKE: Was this only in your department? Surgery?

DR. DeBAKEY: Yeah. Well, the others finally had to come along. We set the stage. Students began to complain about the... Pediatrics then and the pediatrician did that and set up the services and he got a good many of the local pediatricians to work with him. They were glad to work with him. And then later they built the Children's Hospital. So that gave them another resource. But there was a constant concern about what I was doing. Both within the medical school and with the local doctors. Now, as time went on and I began to build my own service and, in a sense, the students were attracted to this. And became more and more attracted to what we were doing--what I was doing. And

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DR. DeBAKEY: we began to develop our own residents and finally they began to complete their residency and some of them stayed here. So they began to support this program. And more and more the influence was for the specialists to take over in the hospitals and to be heads of the services. You had to be certified. If you were going to be on the neurosurgical service, you had to be certified. If you were going to be on the OB-GYN you had to be certified. If you were going to practice surgery in the hospital, you've got to be certified. So the general practitioner finally began to be eased out of control.

SCHANKE: Was Houston medicine slower than other areas in the United States by this time?

DR. DeBAKEY: No, I don't think so.

SCHANKE: Specialty was still fairly rare until the mid fifties.

DR. DeBAKEY: Yeah. Yeah. You've got to keep in mind that it really mushroomed after the war. After World War II. No, I don't think Houston was any different from any other town where there was not a medical school. Because

DR. DeBAKEY: you've got to keep in mind, what a medical school does for a community is that it puts into that community better trained individuals. Secondly, it sets standards. You see, for the community. And so the average medical care in our community is higher--much higher than you find in other.. communities which don't have a medical school. And that's why they resist it. That's why they're threatened by it.

SCHANKE: Well, how were you able to continue to exert so much influence over the entire school and in turn over the Medical Center as the humble professor of surgery? One department crying in the wilderness.

DR. DeBAKEY: Well, I think. Yeah, well, as I say..we began to achieve a certain degree of success in what we were doing. The.. particularly in the surgery that I was pioneering in. And began.. They had to recognize in a sense the fact that I was being recognized elsewhere. No matter what they said about me locally, my peers elsewhere were saying the opposite. And when we won the.. When I won the

DR. DeBAKEY: highest award, the Senior Service Award, which is the highest award the A.M.A. gives, the local doctors who all are members of the A.M.A., you know, had to recognize the fact that despite the fact that I'm not popular by the Harris County Medical Society standards. The very organization that they belong to and support strongly gave me their highest award. Now what could they say. You know, "He's a son of a bitch," is all, behind my back. But in front of me, they had to respect this. Well, as I began to be recognized for the work I was doing in vascular surgery--cardiovascular surgery, this became a source of influence that they could not, in a sense, resist. You see? And I was also, for example, recognized as a speaker everywhere. I was recognized by the National Institutes of Health for being on their study section--on the Councils when nobody else was on. I was the only one at Baylor that was being recognized nationally.

SCHANKE: Did you quite deliberately make a decision to publicize yourself and your work as a?

DR. DeBAKEY: No. No. If you.. No, no. You don't... I don't think that you can publicize your work deliberately. If you do, you do just the opposite. You will immediately in a sense achieve a kind of hostility and resistance on the part of your peers. Your peers have to first recognize you for your work. That's what gives you recognition. Then following that, a certain amount of recognition comes, let's say, publicly. But it comes because your peers have recognized you. You know, if you win the Nobel Prize, it means your peers have recognized you. Well, then you win public acclaim because of the recognition given to you by your peers, you see? When you win the Lasker Award, it's because your peers have first recognized you. Then it goes into Time magazine.

SCHANKE: So the publicity then is a fortuitous result of achievement rather than a...

DR. DeBAKEY: Yeah, when Time magazine, for example, selected me to be on their cover, they had researched this. And I was amazed how much they knew about me.

SCHANKE: They do a lot of research.

DR. DeBAKEY: They really did. They had done a tremendous ...

SCHANKE: Sometimes mess it up in the telling, but they do terrific research work.

DR. DeBAKEY: Well, that's... Yeah. But they had done a tremendous amount of research. And I remember when, oh what was the medical editor?

SCHANKE: Gil Camp

DR. DeBAKEY: Gil. When Gil came down here and I first met him, I was really amazed by what..by his knowledge of this field. And he knew so much about what I had done and what others had done in this field that it was very easy talking with him. It was like talking to your colleague. And I was really amazed at that. Well, but this illustrates what I'm talking about. I didn't petition Time to get on their cover.

SCHANKE: No, certainly not.

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DR. DeBAKEY: You know. There's no way you...

SCHANKE: You did get criticized soundly by a lot of people for appearing on the Time cover and for appearing in other magazines..

DR. DeBAKEY: Oh, sure.

SCHANKE: Letting Life photographers into your surgery...

DR. DeBAKEY: That's right. Yes. Of course, you get criticized for that, but also there are people who criticize you for winning the Lasker Award. There are even people who say, "Well," you know, "You had to have political pull to get it." But when you also know how it's done and you know the people you respect--at least the ones I respect--and this is a point I've often made-- The most important thing for your own self-esteem is to know that the people that you respect respect you. I couldn't care less about what people think that I have no respect for. It doesn't bother me a damn bit. But it would bother the hell out of me if the people I respect had developed a disrespect for me. And in the final analysis that's what really counts.

SCHANKE: Step back now to as you're gradually acquiring respect for your own work and a certain amount of power here. People know you do things here. What affect is this having on the Texas Medical Center and on its growth?

DR. DeBAKEY: Well, it's having, of course, a great influence on its growth. You take for example this hospital. They started out with the idea of building about a 350 bed hospital and they were worried about whether or not they could fill it. You know, if they could keep the beds occupied. Well, as a consequence of the general profession recognizing the work that we did..were doing in cardiovascular surgery and getting more and more patients being referred to us from all over the country and all over the world, it became increasingly apparent that they would have to expand the hospital building. They couldn't take care of me and the other people. So I was constantly fighting that here. All the other doctors practicing in town were critizing me for using up so many of the beds. Of course, at the same time they would not give me credit for the fact that their own practices were increasing because it was spilling over to

DR. DeBAKEY: them. Simply because they were associated with me, they were doing patients referred to them by local doctors around this community and around the state who were trying to find some way to get their patients cared for without having to ask me. You see? And so they were benefiting by this. They constantly benefited by it. And even after a while, patients are attracted to come here by the work that I'm doing and get to see other doctors. It's really extraordinary. So, they had to expand and increase. Because of the work I was doing, I was bringing other people to work with us in the department of surgery, but working with us. Because of the ability to compete for the N.I.H. grants and get large sums of money in terms of a million dollars or more a year for support, I was developing a larger and larger staff. I had to find places for them to work. We had to expand the laboratories. Increase them. Now I was setting a standard that others had to meet. And this standard was being used to compare other people. The students saw it. Other people saw it. And so they had to either measure up or get out. And this

DR. DeBAKEY: is in a sense the way it was being influenced.

SCHANKE: Your function has been more as a pace-setter than
a...

DR. DeBAKEY: Yes, yes.

SCHANKE: ..organizer and..

DR. DeBAKEY: Exactly. Exactly. Well, an organizer in the sense that I expanded my own department. And, well about 19..well, I'm trying to think so I can get these dates for you..but , around 1959, '58, '59, something like that --Dr. Moursund retired. And we had to get a new Dean. And Earl Hankamer, Judge Townes, and someone else called me down to the... Judge Townes' office. He was then the Chairman of the Board. And he wanted to talk to me about the Deanship. And they said, "Mike, you're the strongest man in the school. You've done more for the school than anyone else. We'd like to have you take over the Deanship." And I told them that I didn't think that I should do this. That I would strongly advise against my being selected as the Dean. You know I'm really basically a surgeon. I want

DR. DeBAKEY: to still be a surgeon. And you need someone who is going to be more interested in deaning. You can see how..

SCHANKE: That's an interesting verb in the academic world.

DR. DeBAKEY: Yeah. And I said, "I'd be glad to help you select somebody." Well, they.. Someone had told them about a man by the name of Stanley Olson. And so I said, "Yes, I know Stanley Olson. He's at the University of Illinois and I think.." They wanted me to look into it, and so they asked me if I would and they wanted to be sure to get someone I would approve of. So, I did look into it. Found out who he was and some more about him and so we invited him down here. I had long sessions with him and talked to him about all the challenges and problems and difficulties we were having and so on. And he came down. Well, we became very close friends and..

SCHANKE: Before you go on, what were the challenges and problems and difficulties at that time?

DR. DeBAKEY: Well, the ones that I had mentioned a moment ago. We had no service; we were being crowded by the, in a sense,

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DR. DeBAKEY: to develop our own academic program by the fact that we had no money. We had no service. We had the University of Texas post-graduate school to contend with and the local doctors. And in a sense the school...

SCHANKE: The same problems existed...

DR. DeBAKEY: Yes, exactly. You see. Now, you see my independence of these problems, in a sense, was my strength in being able to weather them. And the independence came largely-- they still could have gotten rid of me and they would have in '51 as a consequence of this memo you'll see. It created a lot of criticism, particularly by the--certain men on the Medical Center Board and the University of Texas people. And I remember, you see, I had directed the memorandum through the Dean and then it got out. So, it was a confidential memo.

SCHANKE: Someone leaked?

DR. DeBAKEY: Yeah, deliberately. So when I found out it had leaked and created so much of a problem, I went to see the Dean.

DR. DeBAKEY: I said, "Look, it's not that I care about these criticisms because I'll be glad to argue about this with anyone. If there's anything in there that is untrue or there's any opinion expressed that anybody would want to challenge, I'll be glad to challenge them. Accept the challenge."

And then I went to see one of our Board of Trustee members who had become a patient of mine after I had, you know, he's the one I had told you about. I went to see him at his home one Sunday morning and we had quite a nice chat about it and he laughed about it. And he said, "Well, Mike," he said, "just disregard it. To hell with them. If they don't like it, just let them not like it. You don't have to worry about it." I said, "Well, I'm not worrying about it, frankly. All I want to be sure is that you understand that what I said there was for the benefit of our Board of Trustees. And if you want to publish it, it's up to y'all. You have my permission." Well, apparently it blew over but, you know, there are still some people who don't like it even today. Well, the..

DR. DeBAKEY: When Stanley came down, he really came, as he told me later, because I asked him to come and said I'd support him. And we did become very good friends. And we worked together. And he initiated some very important steps to develop better standards. For one thing, he recognized that there were certain people in the school we had to get rid of. They were mediocre. Not measuring up. And one of these was the professor of medicine. And he did get rid of him--finally eased him out. And there were a few others. And he also recognized that we had to get more money in some way and we had to get people in the school who could get more money from the federal government. Because he saw what I was doing. I was bringing into the medical school virtually ten percent--fifteen percent of his total budget. As high as as much as twenty percent on occasions of his total budget. Well, he thought, "Well, hell, if DeBakey can do this.." And I used to say this to him -- "why in the hell can't some of these other fellows do something?" Support the school. And he was aggressive about it and

DR. DeBAKEY: he pushed hard and he finally recognized the need to have more research laboratories. And I kept pushing him for this--getting money to build more laboratory space. Built more space for myself and then for him. I got the money to build a whole floor. And then we initiated the concept that we'd build a new building for the basic science part. And then that's what constitutes that building. And they were thinking in terms of only five floors or four floors--just to..

SCHANKE: To match the top of the other building.

DR. DeBAKEY: Yeah, match the top of the other building. And I said, "It's lack of vision, as far as I'm concerned. I can fill that space up very quickly. We need a lot more space than that." Well, as it turned out, they finally got enough money locally to get a matching grant from the federal government for those floors.

SCHANKE: This was the Jewish community in Houston that contributed most..

DR. DeBAKEY: Yeah, but I got the Jewish community too. I was the one who did that through Mr. Ben Taub. Well, that only one

DR. DeBAKEY: part of it. We got one from the Jones called the Jones Building. One from M.D. Anderson. So, I said to him, "Wonder if..." --we were moving along on the plans-- you know, and I kept needling him about it. And I said, " You know, I still think we ought to build nine floors, at least. Double this number. Double the size of it." And he said, "Mike, we can't do it. We don't have the money." I said, "Well, if we go out and get more matching money, I think we can get the other." He said, "Well, we've got a time schedule. They're on the fourth floor now. They're going to be putting up the roof in another two months." And I said, "Well, Stan, if I guarantee the cost..."

SCHANKE: You mean that building was actually planned as a four story building and was simply...?

DR. DeBAKEY: Yes, that's right. That's right. And it came down really to this. That the delay in the construction would have cost about \$250,000 if we didn't get the money to build the additional floors. And that's what had him concerned.

DR. DeBAKEY: Where was he going to get \$250,000, if he was unable to get the money to build those other floors. You see? So I said to him, "Well, look, I will personally guarantee the \$250,000. And if you want, I'll sign a note for it. But, let me see what I can do to get this money to get the rest of it built.

SCHANKE: That would have thrown you into debt, wouldn't it?

DR. DeBAKEY: Yeah, well. I was taking a chance, yeah. But I thought.. I had great faith in being able to do it, so much so that I was willing to take that chance. So, he said, "Alright if you'll do that." And I said, "Alright, I will." So we then went to work and went to Washington and we went to the local donors. We said, "Look, we can get matching money to make this a nine story building, if you will give us the additional funds." And we went to Washington and talked to the people at the N.I.H. in construction facility and said, "Look if we can get these, we can justify it. Here's the justification for the need for this additional space." I said, "You get the matching money, and we think we can..think it will be approved." And we did. We got

DR. DeBAKEY: it approved. So I didn't..it didn't cost me anything.
And that's how we got those additional stories. Doubled the space.

SCHANCHE: Referring to what you were saying last night, Dr. Olson was a professional dean. Right?

DR. DeBAKEY: Yes. He was a professional dean in the sense that he was a full-time dean. But he was...

SCHANCHE: But what I'm getting at is that your idea changed between the time you were offered the deanship and the time you finally accepted the place.

DR. DeBAKEY: Yes, that's true. I think the change.. I think my concept of it has changed largely because of my experience. You see? Secondly, I think that times have changed. In other words, I don't think you can meet the responsibilities of the future by being a professional dean, because most professional deans, as I said a moment ago, think in terms of five, ten, fifteen years before. You see? You're not on the firing line. You're not in the action. And things are moving too fast today without..to be out of the action.

DR. DeBAKEY: You've got to be in the action to make wise judgements. Now, I must say this for Stan Olson though, he was a much different kind of a professional dean. Because, he did participate in the clinical teaching. He was an internist basically and he liked to be in internal medicine. And he used to make rounds and teach students. So he was an active participant in that sense. You see what I mean? So he was not the typical professional dean.

SCHANKE: He had not retired from medicine?

DR. DeBAKEY: That's right. Exactly. Exactly. He was a fine person and is a fine person. I'm very fond of him. And I think he did a hell of a lot for this school.

SCHANKE: Well was that the water shove for the school, as far as you're concerned, when they got that building built? Or..?

DR. DeBAKEY: Well, I think in many respects yes it was, because it set the stage for the large laboratory research resources. And as a consequence was able to put us in a position to get better research people who were able to get more money to do research. Develop staffs. There's no

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DR. DeBAKEY: question about that.

SCHANKE: When was that building finished?

DR. DeBAKEY: I think it was finished in '65, I believe. No wait a minute.
No, it was '61.

SCHANKE: So this school wasn't out of the woods until '61-'62?

DR. DeBAKEY: Well, it really..wouldn't say.. Yeah, I don't think you could say it was out of the woods then because we were still having great difficulty meeting our operational costs. We had a deficit every year. And I had the biggest deficit. In fact, the Dean.. Stanley used to say to me, "Mike, is there anyway you can operate without a deficit?" And I said, "No." And he said, "Well, I'm just glad that you're the only department that operates in a deficit. I'd have a hard time." And I said, "Well, maybe that's what's the matter with the other departments. They should be...

SCHANKE: Who was making up the deficit?

DR. DeBAKEY: Me! Me. You know, I'd have a deficit and at the end..

SCHANKE: What you mean is the school department would have a deficit and, but you over-subscribed your deficit every year and..

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DR. DeBAKEY: Yeah. In other words, I made enough money to pay it off each year. I'll never forget when I.. Of course that's a more detailed story is when I... I think I told you some of it, but when the.. When Stanley Olson was fired and that's a..really a kind of a blot on our record at the school because it's a dreadful way to deal with a human being, in my opinion.

SCHANKE: Why was he fired?

DR. DeBAKEY: Well, what happened was that the Dean, I mean the Chairman of the Board of Trustees.. You've got to keep in mind we're still under the Baptist domination. The Chairman of the Board of Trustees was a man by the name of Earl Hankamer who is really a wonderful person. And I know that since I've been here we became very close friends from the time I arrived and became even closer friends because I operated on his grandson who was injured. And that's an interesting story which I'll have to tell you too. Parenthetically. This was still back in 1950, I guess '49 or '50.

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SCHANCHE: How do you spell Hankamer?

DR. DeBAKEY: H-A-N-K-A-M-E-R. He's an oil man here. And his little grandson who was then about three or four years old--five years was run over by his mother. She was backing out of the driveway and didn't see the child in the driveway and ran over him. And they rushed the child to the hospital. Called the pediatrician who immediately called one of the local surgeons. And they called another surgeon who was supposed to be a pediatric surgeon. And they couldn't make up their minds whether to go in..

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DR. DeBAKEY: They were.. They couldn't make up their minds what to do. And this child was dying--bleeding to death. And Earl called me. He told me what the situation was. Well, I rushed over--He was at the Hermann Hospital--I rushed over there and ran into three or four of these doctors.

SCHANCHE: Which hospital?

DR. DeBAKEY: Hermann Hospital.

SCHANCHE: Hermann.

DR. DeBAKEY: And I said, after I had examined the child, that the child had to be operated on. The child had a ruptured liver, in my opinion, and was bleeding and was in shock and was going to die unless something was done. And they said, "Well, we thought the child was too sick to be operated on." That's one way of putting it, you see, when you don't want--when you're scared to operate and have it. .

SCHANKE: You don't want to be blamed for it.

DR. DeBAKEY: Yes, you know, let God take the blame. And I remember we had just started with steroids. And we had been doing some experimental work with it in shock. So I said, "Well, I think we ought to get some and use it." Well, the doctors all argued they weren't sure he ought to be operated on and so on. So I just put it bluntly to the family. I said, "Look, this is my opinion and this is what I think ought to be done." I said, "These other doctors can't make up their minds and they're very concerned about it. They don't think the child can make it through the operation. And I don't think the child is going to live long unless he is

DR. DeBAKEY: operated on." Well, they decided to take the bull by the horns..

SCHANCHE: This was all within a few hours after the accident?

DR. DeBAKEY: Yeah. And they asked me to go ahead. And these doctors didn't like it a damn bit. And they liked it less when the child recovered.

SCHANCHE: Did you do it at Hermann?

DR. DeBAKEY: Yes. Yes.

SCHANCHE: And what was it? Was it a ruptured..?

DR. DeBAKEY: Ruptured liver, yes. We had to resect part of the ruptured liver to stop the bleeding. The child did beautifully. The others didn't like it at all. That child's now married and has a child.

And , of course, I became very close friends with the family. And they're a wonderful family. And when Earl Hankamer retired as Chairman of the Board, there was a fellow by the name of Joe Albritton who is an energetic, ambitious, shrewd, calculating fellow who has got a Napoleonic complex. Short fellow, you know. And he was determined to become the Chairman and he did.. And he just started running

DR. DeBAKEY: the school with an iron hand. And among the people that he recognized who he felt was a threat to the school was me. And he was a maneuvering kind of conniving fellow. And he started conniving with certain members of the faculty. And he started including me in the conniving. You know, he'd invite them to his apartment, have dinner with them. Invite me up there to have dinner with him. I recognized him right away, you know, as a crook. And I think he sensed the fact that I recognized him. You know, I guess I have difficulty in hiding some of my feelings of contempt. I know that sometimes that people can sense this, especially a fellow like that, you know. He doesn't trust anybody. And I knew he didn't trust me and I sure as hell didn't trust him. And I remember telling--saying something to Stanley about him. You know, that I didn't trust him. Stanley Olson was getting increasingly aware of this after a while. And finally, it came to a show down. He became..

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DR. DeBAKEY: began to be critical of the way Stan was running the school. Of the way the funds were being spent. And so on.

SCHANCHE: Is this where he zeroed in mostly--on finances?

DR. DeBAKEY: Oh, yes. Yeah. And he then suggested... And then he would connive with other people outside, like the doctors in town who, of course, had no great love for Stanley Olson or for me. And some of the local administrators and the hospitals and so on. Well, finally it reached the point where Stan realized something had to be done and he became increasingly more hostile and finally sug.. He suggested to Stan that he take a leave of absense. A kind of sabbatical--allowing Stan to do some studies that he had in mind doing anyway. So he then appointed the young Associate Dean who was another conniver. And he tried to use him as a tool. Well, this fellow was a dishonest man too.

SCHANCHE: Was Albritton the sort who just liked politics for politics sake, and power for power's sake. He just liked to stir them up to make himself feel important?

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DR. DeBAKEY: Yeah, that's right. That's right. Exactly. He had kind of ambitions also locally--socially. He was not in the sort of social set. He wasn't recognized. You know, he came from the other side of the tracks, so to speak. Well, Stan.. He told the Board, to show you the dishonesty of the man, he told the Board that he--that Stan--had decided to resign, but in the meantime..

SCHANKE: But Olson merely thought he was taking a leave of absense.

DR. DeBAKEY: Yeah. In the meantime, he went up to New York to meet Stanley Olson who was coming back from Europe and he had a long talk with Stanley. And he said, "Stan, the Board of Trustees feels that you ought to resign. There's so much dissention in the school, in the Medical Center about you. That for the good of the school it might be desirable for you to resign." Stan said, "Well, if the Board feels this way, certainly." Then he came back and told the Board of Trustees he had a letter of resignation from Stanley. You see?

SCHANKE: Dirty, dirty pool. Yeah.

DR. DeBAKEY: Exactly.

SCHANKE: That's very cruel.

DR. DeBAKEY: You see, but this wasn't out then. Stan didn't ask any of the Board members was it true. He was a little hurt that some of the Board members that were friends of his hadn't said anything. Well, then this fellow decided that he would play ball--you know, he was trying to, in a sense, entrench himself both with the Board and some members of the faculty. So he called and talked to some members of the faculty and heads of the department and said, "Look, Stan resigned and we're going to need to appoint somebody. I'm going to ask the Associate Dean to act--I'll help him. And we'll appoint a faculty committee and a search committee to look for a new Dean."

Well, this is where he made his mistake. He realized it later. There were, I think, eight or ten people on the search committee, including myself--all heads of departments. Well, Stan's resignation really was kind

DR. DeBAKEY: of a jolt to everybody. And many people sensed that Albritton had really fired him. And they began to be concerned about the future of the school. And all kinds of rumors were flying anyway.

SCHANKE: But none of you knew exactly what had happened yet?

DR. DeBAKEY: No, we didn't know at that time. So, we had several meetings. Discussed the thing. He'd call individual members down to his apartment to discuss the problems with him. I went down there several times. Occasionally with one person or another. Sometimes by myself. And the next thing that happened was that he decided to appoint Ray Pruitt. I'm ahead of my story. I'm sorry. I'm ahead of my story. --

At that point in time, he didn't appoint the search committee. He sort of was discussing this with a lot of people. And then he asked Ray Pruitt, who was then professor of medicine to be the Dean. Ray sort of was one of these truly fine individuals who deliberated intensely about things like this. And he worried about things, you know,

DR. DeBAKEY: and he had to make a judgement almost with great intensity as he was thinking about it. But he finally agreed. He talked to a number of people. Talked to me and so on. Finally agreed to do it. Well, in the meantime, this fellow continued to work with the acting Dean. And the acting Dean was feeding him all kinds of misinformation or distortions of what was going on and sort of feeding him information about people he didn't like on the faculty. So there was a lot of inner-dissention and distrust in the faculty. This fellow was really boiling it up all the time. Rumors were flying. All this time, of course, I was concerned but I was so damn busy with my work and so on that I would disregard it. People would come and talk to me about it and I would try to reassure them. And I remember one time when the budget was to be approved. You see, the budget usually was approved in July. We're on a fiscal year beginning July 1. Ray came to see me and he said, "Joe Albritton is very much upset with the deficit we have of about \$550,000 for next year. And he won't approve it. He said you've got to be on a

DR. DeBAKE Y: fiscally responsible budget." And he said, "I don't know how we can reduce it. We're going to have to fire a lot of the faculty to reduce it. We can't fire them. They've got tenure." You see. This is the hard core of how the budget operates. And I said, "Well, look, historically we've always made up this deficit. Why can't we go on and find a way to make it up." I said, "This is the Board of Trustees responsibility. They've got to run the school. Why, otherwise just close it down." Well, Ray really was such a fine person--honest and truly decent human being--that he was agonizing over this and was absolutely miserable. You know, here he was caught between the situation which he couldn't control.

SCHANKE: This kind of administrative role he was in also was..

DR. DeBAKEY: Huh?

SCHANKE: The role he was in was new to him.

DR. DeBAKEY: Yeah. Oh, yes. He was a professor of medicine. Well, then this went on for weeks. The budget still wasn't approved. We were, in a sense, going on the same kind

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DR. DeBAKEY: of budget situation that the government does, you know, when it says that we have a continuing resolution, which means we go on the same budget you've been on.

Well, I think this was around still in November. We still hadn't gotten a budget approved. So everybody was so...Had no raises. No new positions. One day Ray called me up--one evening called me up and he said, "Joe wants us to meet him at the airport tomorrow at six thirty. He's going to Los Angeles." And I said, "Why in the hell do we have to meet him at the airport? He just lives down here. His apartment is right at the Warwick. Why can't we go meet him there before he goes to the airport.? Why do we have to drive all the way out to the airport to meet him to talk about this budget?" And I said, "Why the hell should I go? I'm not responsible for it." Well, he said, "Joe wants to talk with you because you bring in more money than anybody else in the school."

"Well," I said, "I don't know why I have anything to do with the budget then." He said, "Well, Mike I'm asking

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DR. DeBAKEY: you to come with me." I said, "Well, Ray, if you put it that way, I'll go." But I said, "I resent having to go because he wants me to go there. I think this is pretty unnecessary and is a kind of demonstration of what he regards as power. I resent it. This is not a gentlemanly way to deal with people. I think it's discourteous." He said, "I realize that, Mike." But he said, "I would appreciate it if you would come with me." And I said, "Alright, I'll go."

Well, we got down to the airport and he had a little rum that he had gotten from one of the people... He was very jovial when I arrived and I gave him a...

SCHANKE: Started drinking?

DR. DeBAKEY: In the morning! You know. And I gave him a dirty look when I arrived and I didn't smile and I was serious and grim as hell. And I just said good morning and that was it. And sat down and didn't say a damn word. And he said, "Well, I appreciate y'all coming because I want to talk to you about this budget. I'd like to get it approved."

DR. DeBAKEY: Then he said, "I need to find a way to resolve the deficit." And he said, "Until I can resolve that deficit I can't recommend its approval by the Board." And I said, "What do you want...why do you want me here? What have I got to do with it?" Well, he said, "You've got a lot to do with it." He said, "You have one of the largest budgets in the medical school and you have the largest income." And I said, "Well, cut it down then." But he said, "I can't do that." I said, "Why can't you?" I said, "If you can't approve it, you can do that." And he said, "No, that would.. That wouldn't resolve the problem." And I said, "What do you suggest to resolve it?" And he saw I was, you know, pretty damn..

SCHANKE: Hard-nosed.

DR. DeBAKEY: Hard-nosed about it and I wasn't giving him an inch. And I said, "It's your responsibility and the Board's to approve the budget and if you don't like the budget the way it is, why don't you change it?" And he said, "Well, then there are certain functions that would have to be wiped out and I'm told they're essential."

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DR. DeBAKEY:

I said, "What is your suggestion to change it?"

He said, "Well, I think you can--you've got to find more money."

"That's not my responsibility." I said, "I'm only responsible for running the department of surgery.

If you want, I will cut my budget so that you can approve it on the basis that the income will meet the outcome--the outgoing funds."

"No," he said, "then that would effect the other departments, because much of that income goes to the support of the other departments."

I said, "Well, I'm out of suggestions. What do you suggest?"

Well, he said, "I don't know."

I said, "Then, you've got the final responsibility, you're going to have to make a decision about what to do with it."

Well, Ray was getting a little upset with the way I was dealing with him. And so Ray chirped in and he said, "Joe, I think you're going to have to.. You ought to review this with some idea of trying to find a way either to remove

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DR. DeBAKEY: the deficit or find the money to do it. " And he was trying to be, you know, a little more...

SCHANKE: Moderate voiced?

DR. DeBAKEY: Well, yes, and in a little kinder way, so to speak.

Well, we were getting no where, you see.

He said, "Well, I'm going to have to leave now. My plane's about to take-off."

And just to test him out, you see, I turned around to him and said, "Before you go, Joe, let me make a suggestion. You have made none. Let me make one.

I will personally guarantee half of that deficit, if you will personally guarantee the other half." I looked him straight in the eye. And I could see this really..he didn't like that a damn bit. And he was flustered and he didn't know what to say for a moment. He finally said, "Well, let me think about it." And went off on the plane.

And on the way back, Ray Pruitt was really chuckling to me all the way about what I'd said and what I did. And

DR. DeBAKEY:

I said, "Well, Ray, you know, I told you all the way going to the airport I resented this bastard doing something like that. And I don't see... if he weren't such a gentleman, you know, so inherently and basically a gentleman, you couldn't put up with this. And I frankly can't understand how you have that much tolerance."

Well, he told me later after he met again with Joe that Joe really told him, "You know, sooner or later, we're going to have to get rid of DeBakey." He said, "I find that he is one of the most unpopular people in the medical school and I'm afraid that he's one of the reasons that we're having so much trouble."

Well, the interesting thing is that we never heard any more from him about that budget--proposal, I mean. I asked Ray. Ray said, "No." And finally, the budget was approved some time in late November, early December with the understanding that they may have to use some money that the Ford Foundation had given Baylor University for the medical school, I think two million dollars. And they

DR. DeBAKEY: had been using the income from this, but they might have to use some of the capital. He never came up with a goddamn cent. Never brought a cent to the medical school either.

SCHANKE: How long did he last?

DR. DeBAKEY: Well, fortunately, not too long, because the school was getting into, you see, what happened.. What precipitated this situation was that Ray Pruitt resigned.

SCHANKE: Ray Pruitt resigned right after that? Or..?

DR. DeBAKEY: Not long after that.

SCHANKE: Because of the Albritton factor?

DR. DeBAKEY: Yeah. Yeah, he made it clear. He just couldn't take it any more, really. And the Mayo Clinic had invited him to come back, so he had an opportunity to get out gracefully. And he took it right away. And as a consequence, when he resigned, coming on the heels of the Olson situation, that's when Albritton put the faculty committee. And that's when he made his mistake. Because when he did this, then this faculty committee met on several occasions

DR. DeBAKEY: and we talked largely about what the hell was going to happen to this medical school.

SCHANKE: How long was Pruitt Dean? For about a year?

DR. DeBAKEY: Yeah, about a year or so. A year and a half, maybe. And that's when the committee--all members--unanimously said to me, "You've got to be the choice. There's nobody else who can face this man and nobody else can take this situation any longer. There's going to have to be a confrontation." They really proposed me to confront him. You see, it was either going to be him or me. And I said very simply to them, I said, "Look, you know that I don't want to be Dean. You know that I just want to be a surgeon. And the only way that I'll accept what your doing is under two conditions. One: That I remain as head of the department of surgery and be a surgeon. And two: That you will join with me in working out our problem together. This means that I'm.. I will suggest a way by which most of you will have responsibilities-- administrative responsibilities. Now if you'll accept

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DR. DeBAKEY: that, fine. Somebody's going to have to.. We're going to have to have some associate deans from you. You're going to have to do not only your job, but associate dean. The way I'll do my surgery job and be the dean. You see."

Alright, they made their report to Albritton, officially. And he kept this report a secret for nearly three months and wouldn't allow it to be known to any other members of the Board. Finally, some of the people on the faculty had friends of certain members of the Board. For example, one of them was very close to one of the ministers. Another one was very close to a man by the name of Newton Rayzor. He's since died--a wonderful man. Another one was close to one of the..close to the..one of the administrators here who in turn was close to one of the Board of Trustees. Well, by this time, for example, certain members of our Board of Trustees at the Methodist Hospital were getting concerned about this, because

DR. DeBAKEY: it was effecting the plans and programs here, you see. And we even discussed ways and means by which we might organize a new medical school--completely. Or even get Rice University to organize it. We said, "Look, we can bring you virtually the whole faculty of Baylor, if you can do it." Said, "They'll move right out. And let Baylor--the Baptists run that empty building, if they want to." Well, this then got back to some of the members of the Board. So they... Several members of the Board then just asked for a meeting of the Board. You see, up to that point, he never called a meeting. He ran it. And at the formal meetings he would just present to them what had been done. And this unfortunately had been the way the Board had been run before.

SCHANKE: It's traditional, of course.

DR. DeBAKEY: Yes. Yes. So, when several of these members got all this information about what the hell was going on in the medical school. The situation was about to collapse. They became concerned. And they had a session, you know,

DR. DeBAKEY: sort of a knock-down drag-out session. And they wanted.. They said to the Chairman, "Look, we understand that you have a report from the search committee about who should be Dean." And he denied it. He said, "No, they haven't given me a report yet." Well, some of them had gotten copies of the report so they knew he was lying. And finally they confronted him with the fact that he had lied. But he said, "Yeah, he had it and he wanted to think about it some. That there was a lot of criticism of DeBakey." He wasn't sure this was the best thing. And he even had consulted certain members of the faculty about whether they would be willing to accept the Deanship. And there were one or two people he took with him on trips to Los Angeles. Put them up there for several days. Wined and dined them and made them feel they were going to be Dean. Well, they then had a knock-down drag-out session about it. And finally by one vote, they decided to set up a special committee of the Board and of the faculty to review the findings of this search committee. And on this were

DR. DeBAKEY: two faculty members and this Associate Dean. So you had now another power play. And this Associate Dean then started hearings and selected certain people to come and present hearings. And he got two or three of the people to come up and testify about my moral character. And that I even had lied about some of my papers. Well, one of the members of this committee was this man, Newton Rayzor, who was a lawyer. He began to get a little concerned about what they were saying. You see. It was all supposed to be highly confidential, but there were leaks coming out. So, I began and some of my friends began to tell me about these things. So I called him up one day--Newton Rayzor. First, I called my lawyer and I said, "Look, I'm beginning to be concerned about what's going on," and I said, "You know, I don't want to be in this position. I don't give a good goddamn about being Dean. The only reason I was willing to accept this was because the search committee wanted it." But I said, "The search committee still feels strongly about it and I'm willing to stand up with them." But I said, "I'm

DR. DeBAKEY: not willing to be crucified. And if they're going to say anything about my moral character." I said, "I'm willing to sue them." I said, "I'll sue the whole goddamn bunch of them. I'll sue them individually and I'll sue the school."

So I called, what's his name, called my...they were good friends. My lawyer and Mr. Newton Rayzor. So Rayzor called me and asked me if I could come down to his house one night. So I went down there. And he said, "Mike, I just want to ask you one thing. Is there anything in your moral background that will not stand up to scrutiny?" I said, "Well, if there is, I don't know it." I said, "I..Let me put it this way. I'm willing to be scrutinized morally and in court and you can be assured of one thing, if I hear that any of this comes out and any evidence that they're saying things about my moral character, I'm going to slap a suit on everybody, including you, if you're a part of it."

Well, he said, "I know. Your lawyer just called me and told me that." Well, he said, "You've answered my question."

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DR. DeBAKEY: If anything like this continues, I'm going to join your lawyer." --in suing them.

Well, it was very interesting, because right after that he must have said something to them at this session.

Because, from that point on they all backed down--every damn one of them. Put their tails between their legs and ran off, including Joe Albritton. He gave up.

SCHANKE: Did he resign at that point?

DR. DeBAKEY: Yeah, he resigned. He resigned. Newton Rayzor took over as temporary Chairman of the Board. No I guess, that they asked Orliss Morris to take over. And officially appointed me. The hearings stopped.

SCHANKE: You were put on trial without even knowing you had a trial, right?

DR. DeBAKEY: Yeah, I didn't even know this was going on. But, you see, this was the power play that was taking place between Joe Albritton and these characters whom he had... They were foolish enough. It was amazing. It shows you how

DR. DeBAKEY: fools people can be. Here's a man who had proven he couldn't be trusted. And they were trusting him, believing that he was.. And the interesting thing is that he was playing them against each other. He had promised the job to two..to three people. Each one of them thinking he was going to be the Dean.

SCHANKE: These were such old tricks unless you spent half your life living in a Machiavellian world.

DR. DeBAKEY: Yeah. That's right. You'd think, you know.. And they trusted him.

Well, it came, obviously as a shock to them. He resigned. And then they quit the hearings, right after this. Right after this happened. As soon as they learned that I was not going to stand by and let them do this.

SCHANKE: How long after this was it before you got them out of the church? Got the school and the church separated and got the Baptists out?

DR. DeBAKEY: Well, you'll find the statement that I prepared in there. But, it wasn't long after that, because you see, right

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DR. DeBAKEY: after that, I realized we had to do this and I made this as a public statement. And sent the Board.. I made the statement.. Let me see, it's called, "Current Status of Baylor College of Medicine--Baylor University College of Medicine." And I did this purposely because you see, I went back to 1951 when I again at that point, I was not Dean of course then, but I had.. And this memorandum which I prepared really as a white paper, so to speak. I had the title. The subject was "Current Status of Baylor University College of Medicine in the Texas Medical Center and the Proposed New Jefferson Davis Hospital." And here I used the same title: "Current Status of Baylor University College of Medicine.. so on and so forth." And I started it off by the statement that Baylor University College of Medicine now faces a decisive moment in its history. The jeopardy of its present predicament makes constructive action urgent. And that's dated September 1, 1968, which is shortly after I took over. You see.

SCHANKE: What you were telling me last night about the ranking of the school--it has been since that date that Baylor has

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SCHANCHE: come to the top front?

DR. DeBAKEY: No, not quite. Because, it came out..

SCHANCHE: It was well in the works before..

DR. DeBAKEY: Yeah, before then. Yeah, sure. But you see, I said, "Baylor College of Medicine is suffering increasingly from its historically defective organization within the Texas Medical Center. But the situation is now so acute that its administrators no longer exert significant authority or control. Its lack of funds, community support, and influence in the Medical Center have severely compromised its capacity to arbitrate effectively. The only practical solution is to remove its identification in the public's mind as a Baptist responsibility and to re-establish it as a non-profit institution to permit its fair competition for funds and resources with all other institutions in the community and nation. This opportunity can be provided by the establishment of a new non-profit corporation to assume ownership and control of the College of Medicine. The membership of the Board of Trustees of this new

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DR. DeBAKEY: corporation should comprise a board representative of civic leaders of the community and state who can provide resources and support for the school comparable to that of other community institutions. The Baptist leaders of Texas who conceived the Baylor University College of Medicine and fostered its growth to its present position of eminence deserves special commendation." Commendation--you know, that's patting them on the back.

But, you might want to talk to a few people about the story of what happened then, because it is an interesting..

SCHANKE: Revolutionary?

DR. DeBAKEY: Yeah. It's an interesting kind of description of the dynamics of people, so to speak. And what happens when they get involved in a dynamic play for power. This is really what happened. And I'd be glad to arrange tomorrow for you to talk with a couple of people.

SCHANKE: Who were...?

DR. DeBAKEY: Well, Hebbel Hoff would be one of them you should certainly talk with. I think you ought to talk with Ted Bowen a bit, because he was involved in it in a certain way. I think you ought to talk with Joe Melnick. And I can arrange for that.

SCHANKE: They're all still here?

DR. DeBAKEY: Yeah, they're here.
Let me talk with Hebbel, first and set the stage for you, if he's in town.

SCHANKE: Fine, good.
In each case you have to talk to them first, but I'm sure they'd be more than happy to..
I think that we pretty well covered that subject.

DR. DeBAKEY: Uh-huh.

SCHANKE: Do you want to go on for a while tonight? Because I have another long question to ask you, which is going to take us more than one session anyway. And I need to get started.

DR. DeBAKEY: What is that?

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SCHANCHE: That's to review your own significant inventions, discoveries and developments in medicine, beginning with, I guess, the rolling pump, unless you had something going before that.

DR. DeBAKEY: No, I guess the rolling pump would be the first significant thing.

Uh, I think what I need to do there.. Well, I've got a few things I can give you. I think I've given you some. I need to, in a sense, select some articles from my bibliography. Let me see if I can get those out tomorrow for you.

SCHANCHE: Okay.

DR. DeBAKEY: And then I can stage them for you, you see.

SCHANCHE: Right. Meanwhile, it would probably help me if you could just go off the top of your head and site them.

DR. DeBAKEY: Let me give some thought to it tonight and outline them. That would be better. I can get.. Then I can give you that tomorrow to be looking at. And I think that would help you to frame the thing in proper reference when we

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DR. DeBAKEY: discuss it. And you can always...

SCHANKE: Right. But what I want to do is in each case when you're talking about developments of technique and of cooperation is to go back, if you can, to the original case--for dramatic purposes, if none other, to describe it pretty fully to me.

DR. DeBAKEY: Yeah. That's right. Alright.

Well, let's not start it now. You know, at ten thirty. What I'd like to do is get a fresh start on that, but in the meantime, I will try to outline it. Sketch the outline of the developments in steps, so to speak.

SCHANKE: Good.

DR. DeBAKEY: Because, you see, one of the things we need to do here is to divide this in a way that is....

PAUSE

DR. DeBAKEY: They originated the original idea. It's very difficult, you know, to in a clinical setting, to start something that is completely new that nobody else had had anything to do with in the past. Because, you take even the heart-lung machine, for example. Dr. Gibbon deserves a great deal

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DR. DeBAKEY: of credit, of course. For pioneering it, working on it and.. The fact remains that the concept wasn't original. If you take..look at it from the overall standpoint, very little of what he did was original. Yet, he brought it to fruition. You know. And he really deserves the credit for bringing it to fruition. You see what I mean?

SCHANKE: Well, that's true in most significant developments are perfecting other peoples' ideas.

DR. DeBAKEY: Absolutely. And I think it is essential for the reader to understand this or in a sense you don't portray your role properly, honestly. And I certainly wouldn't want to do otherwise. That's why I'm saying the background.. That's why it's necessary--actually for you to see the papers. So let me sketch this out a little bit. I can do that tonight or in the morning and get some literature and some of my articles which will give you..

SCHANKE: If you can sight the articles, I can pull them myself.

DR. DeBAKEY: Oh, I can get the reprints. Most of them. Some, I'll have to get just the original because I don't have all the reprints.

SCHANKE: Well, your girls over there are very helpful.

DR. DeBAKEY: I didn't get a chance to get it out. I've just been so pushed all day doing the things I had to do. I've got to look for it. It's possible Dr. Hoff may have a copy of it and you'll see him tomorrow.

SCHANKE: You said from twelve to one-thirty. That means he'll be free during that time. See him any time?

DR. DeBAKEY: Yeah. You just get there at twelve o'clock.

SCHANKE: Let's review your medical accomplishments tonight.

DR. DeBAKEY: Well, alright. We can sketch it. That's about all I really have time to do. It'll have to be filled in with material I can give you.

But, when I.. To begin with, after I had completed my medical work at Tulane, you see, I started taking my training in Charity Hospital. First as an intern, then under Dr. Ochsner's service. My training in surgery. During that time, I became interested in the circulation and worked on blood and wrote a great deal about blood transfusion and developed a couple of instruments for performing blood transfusion and got a lot of experience

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DR. DeBAKEY: with it. And then when I went to work for Dr. Ochsner I also worked in a laboratory--research laboratory. So that I was piddling around, you know, doing experiments and trying to develop ways and means of setting the circulation and working on models. Well, then I had to develop a pump. And I was interested in blood transfusion, so the idea of pumping blood was one that I was familiar with. So the roller pump came about because I wanted a very simple device to pump blood. And if you take a tube--a rubber tube--and roll a roller over it, you'll milk it. Now when you do that, it tends to creep and I found that this was undesirable in that it traumatized the blood when you pushed it like that and the tubing crept along. So I conceived the idea of fixing the tube so that it couldn't creep. And that led to the roller pump rolling on a tube that was fixed and couldn't creep. And that's how the roller pump came about.

SCHANKE: This was a simple rubber tube.

DR. DeBAKEY: Yeah. You'll see from the reprints of the description.

SCHANKE: I have them.

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DR. DeBAKEY: Then I went on from there, of course, to continue my interest in circulation. And for that reason, when I finished my training at Tulane...

SCHANKE: Your interest in circulation was initially inspired by Dr. Matas?

DR. DeBAKEY: Well, to some extent, I guess, by Dr. Matas. Matas is the way we pronounce it. But it just happened that I was fascinated with the whole concept of circulation because I was studying it and so on. And I was interested in patients who had circulatory problems. Well, this led to my going abroad to get some training and some experience working under Professor Rene Leriche, who was the great pioneer in vascular surgery in those days. And he was quite exciting at that time.

SCHANKE: When you were aware of the patient need here, were you conscious of the fact that more patients seemed to have vascular problems than cardiovascular problems?

DR. DeBAKEY: Yes. I mean, this was a common thing. People had trouble walking and they'd lose their legs from lack of

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DR. DeBAKEY: circulation.

SCHANKE: One of the things, before you get to Dr. Leriche is the mechanical geniusness to that roller pump. Did you.. You messed around with mechanical things?

DR. DeBAKEY: Yes. Oh, yes. I was.. I'm fascinated with gadgets and mechanical things and always liked that. You know, I used to take down the motor in a car when I was a boy. Worked on them. Very much like a hot rod. You know, I'd work on them and take them down and put them together. And I loved to work in a mechanical shop. Even make furniture. You know, I liked to do things with my hands. So working in the laboratory just came naturally to me. I just loved to do it--and piddle with it. In other words, I was always fascinated in doing things with my hands no matter what it was. Drawing, for example. I loved to draw. Well, then I went to work under Leriche because he was the pioneer in that field and sort of an exciting man--interesting man. And Dr. Matas knew him and, of course, Dr. Ochsner knew him and they recommended him to me. So, before going I got them to write him

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DR. DeBAKEY: to see if he would offer me a position in his clinic and he did. So I had a very interesting and exciting year with him.

SCHANKE: You told me a good bit about that and also about Heidelberg. While you're mentioning Leriche, you do an operation that you call a Leriche. It's an aneurysm, isn't it?

DR. DeBAKEY: Yeah. No, no, it's a blockage. It's blocked aorta. And he described this. He even predicted what the right treatment should be. And that's why it's called the Leriche syndrome.

Well, it's interesting in a way that two of the men who were there when I was there. One was a fellow by the name of Kunlin.

SCHANKE: How do you spell that?

DR. DeBAKEY: K-U-N-L-I-N. Jean Kunlin. He was what's called the chef de clinique. That's like the chief resident. I got to be very good friends with him--very fond of him. And we've been friends ever since. And the other fellow

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DR. DeBAKEY: who was there like I was was what was called an assistant etranger--foreign assistant, was a man from Portugal. His name was Sid Dos Santos.

SCHANKE: Del Santos?

DR. DeBAKEY: Dos. D-O-S. Yeah. And that man is the son of the professor of surgery in Lisbon, Portugal, who was quite prominent himself--had done the first aortogram of the aorta. And was a great friend of Leriche's. He used to come visit Leriche and I used to see him as the father of this young man and he became very good friends with me.

Now this fellow, Dos Santos, was the one who originated the concept of endarterectomy--cleaning out the artery.

SCHANKE: With gas.

DR. DeBAKEY: Yeah. Well, the gas is just a method of doing it. And Kunlin was the fellow that initiated and developed the idea of the bypass grafts. Two basic principles of vascular surgery.

SCHANKE: That was quite a class you were in.

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DR. DeBAKEY: Yes, that's right. Isn't that interesting. And I, I guess, would be the one that really did the resection and graft replacement.

SCHANKE: Kunlin was French?

DR. DeBAKEY: Kunlin was French. He lives in Paris. Now, when I came back, I was full of these ideas, you see, and I was pushing for doing more work in the field of vascular surgery. Rewrote several papers these: the sympathectomy and on coronary artery disease and so on. In the meantime, and going back now to about 19.. I would say '34, 5, 6 or 7, I'd have to check on that date--Dr. John Gibbon had been working in Boston in the research laboratory of Dr. Churchill. And he was interested in the heart-lung machine. And he was doing experiments on cats and so on. And he had developed the idea that he could develop a pump and an artificial lung to oxygenate blood. And he was working on this. Well, we both met for the first time at a meeting, I think, in St. Louis. The was an American Medical Association meeting. That's why I can get the

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DR. DeBAKEY: dates on it. And we both had exhibits at this meeting, scientific exhibits. And I was exhibiting my pump and the way it was used. And he was exhibiting his heart-lung machine.

SCHANKE: Your pump then being used for blood transfusions.

DR. DeBAKEY: Yeah. So, he was having difficulty with the pumping part of his machine. And we met and discussed this and I said, "Look, why don't you try this pump? It really works well." And I told him experiments I had done with it. And he said, "Well, I'd like to." I said, "Alright, I'll send you a model."

SCHANKE: What was his problem with pumps? They were breaking down the blood cells?

DR. DeBAKEY: Well, yes. And also, the pump that he had was too complicated. So, see there are all kinds of pumps. Obviously the simpler the pump is, the better it is. So I sent him this and it proved to be just the thing he needed. It solved his problem. And he concentrated then on the lung part, you see. And he went ahead and developed

DR. DeBAKEY: the heart-lung machine. And that's how--and he described this in one of his articles--how I sent him the pump and solved it and so on. He gives me credit for it.

SCHANKE: Have you got a copy of that?

DR. DeBAKEY: Oh, yeah, sure. Well then, when I came back from Leriche, as I say, I continued to work in this field and worked at Tulane and at Charity Hospital in New Orleans and at the Ochsner Clinic until 1942. So there was about four or five years there that I was working in this field and beginning to develop work in the field of thoracic surgery, in cancer of the esophagus, cancer of the lung. More and more thoracic work, you see. So, and also we did some sympathectomies for coronary artery disease. You know, we were getting more and more involved. Now this is all prior to the war.

SCHANKE: Back to your period with Leriche, did you and Kunlin and Dos Santos like young men will speculate and dream about the things you might be able to do during your careers?

DR. DeBAKEY: Well, not so much what we might be able to do. You know, when you're at that stage you're interested in the subject you're working on and you're not really looking twenty years--twenty years seemed an awful long time ahead of me at that age. In twenty years you think you're going to be an old man and you don't think about those things. You're really more interested in what you're doing and sort of having a good time. When we had any extra time, we went downtown and had dinner and some beer or we'd take some girls out, or something of that sort. You know at that stage of your life, you're involved in more..in having a good time and enjoying yourself and so we did a lot of that. We'd go out and drink beer and talk, of course. But we weren't speculating about what the future held in vascular surgery very much.

SCHANKE: Your interests were more grossly anatomical?

DR. DeBAKEY: Yeah. That's right. So, the war came along, you see. And that stopped all of our work in this..all of my work in this field, though I still retained my interest in what

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DR. DeBAKEY: was going on in vascular surgery. And, as a matter of fact, helped to set up, establish what we call the Vascular Centers in the Armed Forces--in the Army. And I collected data on vascular injuries--wrote a paper on it which is sort of a classic actually on vascular injuries now.

SCHANKE: "War Injuries."

DR. DeBAKEY: "War Injuries" that's right. And so...

END SIDE II (B) OF TAPE #10